

OFFICIAL USE ONLY

Important: Print in all CAPITAL letters in black ink.

Personal information

Deceased's name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased's social security number	Date of death (MMDDYY)	
<input type="text"/>	<input type="text"/>	
Your name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your home address (number and street)		Apartment number
<input type="text"/>		<input type="text"/>
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Statement

Your relationship to the deceased

Fill in only one: ☐ Spouse ☐ Administrator ☐ Executor

☐ Other Specify.

Did the deceased leave a will? ☐ Yes ☐ No

Has an executor or administrator been appointed for the estate? ☐ Yes ☐ No

If **no**, will one be appointed? ☐ Yes ☐ No

Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? ☐ Yes ☐ No

If **no**, a refund cannot be made until you submit a court certificate showing your appointment as a personal representative or other evidence that you are entitled, under DC law, to receive the refund.

If other than the deceased, who paid deceased's 2003 DC income tax?

Name
<input type="text"/>
Relationship
<input type="text"/>

Signature

I request a refund of taxes overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and to the best of my knowledge it is correct.

Your signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death.
If you are filing as an administrator or executor, attach a copy of the court certificate of appointment.**